

Pharmacy Contraception Service: A focus on initiation of supply and key changes to the service.

Chloé Papadopoulos – Hertfordshire CPL
Rita Patel – BLMK-N CPL



8.00pm- 8.10pm Introduction from Hertfordshire and BLMK-N CPL's/PCS Service Updates

8.10pm-8.40pm DR. Rebecca Asquith, GP Partner Specialising in Women's health in Hertfordshire presentation/ Q&A.

8.40pm-8.45pm Hertfordshire Pharmacist Hana – Managing time when providing pharmacy services.

8.45pm-8.50pm BLMK-N Pharmacist & PCN Lead Rajan - Sharing of best Practice and upskilling of pharmacy teams.

8.50pm-8.55pm PCS Service expansion, future planning, events and resources.

8.55pm-9.25pm Final Q&A session.



Increased Service Fees

Previously £18

Initiation: £25

Repeat Supplies: £25



Inclusion of Pharmacy Technicians

Pharmacy technician training in development to allow delivery of parts of the PCS service
Contractor updates and PGDs to follow later In the year



Drospirenone Update

To be added to PGD as part of PCS – Can be supplied by Suitably trained Pharmacy Technicians
More information to follow from CPE, Contractors will be notified when available

CONTRACEPTION: INITIATING AND STARTING ORAL CONTRACEPTION



Dr Rebecca Asquith

GP Partner

DFSRH and FRT

UKMEC

UKMEC CALCULATOR

[fsrh-ukmec-summary-september-2019.pdf](#)

[UKMEC Calculator](#)

NOT AFFILIATED WITH FSRH

APPROACHING CONTRACEPTION

- What are their needs and preferred methods?
- Exclude pregnancy (LMP, emergency contraception use, do they need test?)
- Drugs including enzyme inducers ie- antiretrovirals/antiepileptics and mounjaro
- Breast feeding/post partum?
- STI risk and signposting (<25, multiple partners)
- Under 16? Vulnerable? LD? Is intercourse consensual, age of partner. Document Fraser competence
- Highlight any safeguarding concerns

FRASER COMPETENCE

- Legal age to consent to sexual activity is 16
- Statutory rape <13
- If under 16 and wanting contraception without parental consent competency needs to be addressed and documented.
- Do they understand the advice? Try and persuade to inform parents.
- Are they likely to begin or continue to have intercourse with no contraception? Could their physical or mental health suffer without treatment? Is it in their best interest to give?

PROGESTERONE ONLY PILL

- Any age until 55
- Any BMI
- Any BP
- Safe- no thrombosis risk
- Very few UKMEC $\frac{3}{4}$ (IHD, CVA, breast ca, liver ca/cirrhosis)
- Consider drug interactions
- Older generation- Noriday
- Newer- Desogestrel

HOW DO THEY WORK?

- Increase cervical mucus
- Suppress ovulation
- Slows activity of cilia in fallopian tube





INITIATION OF POP

- Day 1-5 of cycle, immediate cover
- Day 5+, 48 hours before contraceptive cover starts
- Start anytime in cycle, check pregnancy risk
- If ella one has been used need to wait 5 days before quick starting POP and pregnancy test 3 weeks post UPSI
- If levonelle used, can start immediately
- Postpartum <21 days, immediate cover

BLEEDING PATTERNS AND OTHER SIDE EFFECTS⁺

- Bleeding pattern change is NORMAL
- Unable to predict which pattern, is this acceptable for patient?
- 1/3rd regular bleeding, 1/3rd irregular bleeding, 1/3rd no bleeding
- If on a POP and a change in bleeding pattern, consider STI risk, pregnancy and other pathology
- Hormonal- breast tenderness, mood changes, headaches
- Risk of ovarian cysts, libido changes

PILL RULES

- 99 % efficacy if taken properly
- Ensure they know when contraceptive cover starts
- Time window.. 12 hrs desogestrel and 3 hrs noriday
- Take daily- no breaks
- If greater than time window = missed pill. Restart ASAP. Then initiating rules of 2 days apply and ensure no UPSI in that time. Emergency contraception if needed.
- Severe diarrhoea/vomiting = missed pill rules
- Vomit within 2 hours = take another



CONTINUATION

- Straightforward
- Review at 3m and then annually
- Change in history? New medications?
- Compliance? Missed pills?
- Do they know what to do if they miss a pill?
- Is the bleeding pattern acceptable
- STI screen?

COMBINED PILL

- UKMEC ***
- Age, if well, no CVD risk/non smoker can use until 50
- BP <140/90, hypertension = UKMEC 3
- BMI <35
- Smoking when 35+ UKMEC $\frac{3}{4}$, only back to 2 when ex smoker >1yr
- History and family history v important (clotting, breast cancer)
- VTE risk higher in 1st year of use (any hx, fhx 1st degree <45 = $\frac{3}{4}$)
- Better bleeding patterns than POP
- Lots of options to use

HEADACHE VS MIGRAINE

- Can be difficult to tell between the two! History important
- Migraine without aura UKMEC 2 but if develops on COCP= UKMEC 3
- Migraine with aura and COCP theoretical stroke risk- avoid!
- Migraine= moderate/severe headache with photophobia, phonophobia, nausea and vomiting.
- Aura= transient focal neurological symptoms- scotoma, flashing lights, speech disturbance, sensory symptoms



INITIATION OF COCP

- Any time in cycle if not pregnant
- Day 1-5 in cycle no extra precautions needed
- Day 5+ in cycle, use extra precautions for 7 days
- If ella one has been used wait 5 days
- If levonelle immediate
- Postpartum can start d21 if not breast feeding and from 6 weeks if breast feeding (precautions 7 days).

HOW DO THEY WORK?

- Inhibits ovulation
- Endometrium proliferation (stops implantation)
- Thickens cervical mucus





COCP OPTIONS

- Low oestrogen- not readily available, ie gedarel 20/150
- Generally use 30 oestrogen, various progesterones
 - Gedarel 30/500, levest/rigevidon
- If bleeding issues switch to a pill with a different progesterone within it. Increasing progesterone causes less bleeding
- Side effects- hormonal, breast tenderness, headache, fluid retention
- VTE risk (2 per 10,000 baseline to 5-7 per 10,000 on COCP)



COCP REGIME

- General 21/4 (was 21/7)
- Tricycle – 3 packs in a row
- Tailored- continuous pill taking, if spotting 3-4 days stop for 4 days and then restart

- 12 hour window
- Important that they restart pill when supposed to regardless of bleeding pattern

PILL RULES

- 99% effective when used properly
- Important they know when to rely on
- 12 hour window
- Missed pills (7 pills in a row to be effective). So depends where they are in packet as to whether they need emergency contraception and when they can rely on it again.
- The Lowdown calculator [Forgot Your Pill? Use Our Missed Pill Calculator | The Lowdown](#)

PILL RULES CONT

- Vomit within 2 hours- take again
- Severe vomiting/diarrhoea- class as missed pills, use extra precautions for 7 days.
- Ensure you tell them what signs of VTE are and when to seek help



CONTINUATION

- Review at 3 months and then annually
- Recheck BP/BMI
- Recheck smoking status
- Has anything changed in history or family history?
- Any change in medication?
- Compliance, happy with missed pill rules?
- Happy with bleeding pattern?
- STI screen?

QUESTIONS?



Hana Ali

Pharmacist and Pharmacy Manager of Superdrug Hemel Hempstead

Rajan Gosrani

Pharmacist and Pharmacy Manager for Stotfold Pharmacy & PCN Lead



Utilise the skill set of your team and upskill if needed

Provide team with resources for training
Provide dedicated time to complete training
Allow time to practice – Use of role play



Discuss with the team

Highlight what works well and what could be approached differently to highlight learnings



Continual sharing of best practice

Meet with your team regularly
Provide hints and tips to refer to
Provide updates on changes to appointment bookings or the service when they arise

How I Provide Service



Capturing required data – Make use of pre-questionnaires!



Book appointments and walk in service

The consultation – 10 to 20 minutes depending on which part of the service you are providing



Juggling the delivery of services

Use of an appointment system (Paper or Electronic)
Support staff to measure weight, height and BP when needed
The use of remote consultations (For ongoing supply only)



EC Expansion

Starts October 2025 – To create consistency of the service nationally
Service specification to be published by CPE before October
£20 consultation + EC cost
Pending IT Updates



Local Service Impact

Local EC services may be decommissioned- Do not sign up for the local service yet
Focus on completing relevant training and DBS Checks
CPL's will push to keep STI kits & condoms



Next Steps- emphasize training & PQS July, DBS checks

June 2025: Register for PCS and HCFS on MYS if not already
Reminder: Bundling of PF and other pharmacy services, PCS falls into this
Resources available on CPL's websites

To find your local formulary, training resources and Local Public Health Contacts please go to your CPL website for further information.

[Pharmacy Contraception Service – Community Pharmacy Hertfordshire \(Hertfordshire LPC\)](#)

[Community Pharmacy BLMK & Northants – Your local Pharmaceutical Committee](#)

CPPE In-person Events

17 September 2025 19:00-21:00pm – Welwyn Golf Club
24 June 2025 19:00-21:00pm – Collingtree Gold Club

All event will be first come first serve, limited places are available, please click the link below to register.

<https://www.cppe.ac.uk/programmes/l/nhsphrst-w-02/>

Pharmacy Contraception Service

Any Final Questions?

Contact Us

If you have any questions, queries or require any additional support please reach out, we are here to help!

Hertfordshire: Info@cpherts.org.uk

BLMK-N: Info@Blmk-n-communitypharmacy.org.uk